

2000 UNIFORM BUSINESS REPORT (UBR)

8/4/00-90001-005-\$150.00-\$150.00

DOCUMENT # P96000088269

1. Entity Name
BANPAP, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 DEC -5 PM 4:46

Principal Place of Business
9230 HEATHRIDGE DRIVE
WEST PALM BEACH FL 33411

Mailing Address
9230 HEATHRIDGE DRIVE
WEST PALM BEACH FL 33411-1871

2. Principal Place of Business
10219 S.E. LENNARD RD

3. Mailing Address
10219 SE LENNARD RD

Suite, Apt. #, etc.
City & State
PORT ST LUCIE FL

Suite, Apt. #, etc.
City & State
PORT ST LUCIE FL

Zip
34952

Country
USA

Zip
34952

Country
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0705241

Applied For
Not Applicable

6. Name and Address of Current Registered Agent

NORRIS, DAVID B
712 U.S. HIGHWAY ONE
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name
HOWARD N. FEINBERG
Street Address (P.O. Box Number is Not Acceptable)
10219 SE LENNARD RD
City
PORT ST LUCIE FL Zip Code
34952

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE
HOWARD N. FEINBERG
Signature, typed or printed name of registered agent and title if applicable
HOWARD N. FEINBERG
DATE
11/27/00

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.
\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEINBERG, HOWARD 9230 HEATHRIDGE DRIVE WEST PALM BEACH FL 33411	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEINBERG, RICHARD 9230 HEATHRIDGE DRIVE WEST PALM BEACH FL 33411	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FEINBERG, HOWARD 10219 SE LENNARD RD PORT ST LUCIE FL 34952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FEINBERG, RICHARD 10219 SE LENNARD RD PORT ST LUCIE FL 34952	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003500460-5 -12/13/00--01105--019 ****600.00 ****600.00	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: HOWARD N. FEINBERG
Signature and typed or printed name of signing officer or director
DATE
11/27/00

CR2E034 (9/99)